

## DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATHState File No. **35919**Registration District No. **333**Primary Registration District No. **3074**

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

(a) County **Scott**  
 (b) City or town **Sikeston**  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**Sikeston General Hospital**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **1 Day**  
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Vernon Doyl Foster**

3. (b) If veteran, **X** name war \_\_\_\_\_  
 3. (c) Social Security No. **X**

4. Sex **M** 5. Color or race **W**  
 6. (a) Single, widowed, married, divorced **S**  
 6. (b) Name of husband or wife \_\_\_\_\_  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **2 25 1943**  
 (Month) (Day) (Year)

8. AGE: Years **3** Months **7** Days **12**  
 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Matthews Mo.**  
 (City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **Doyl Foster**  
 { 13. Birthplace **Star Okla.**  
 (City, town, or county) (State or foreign country)  
 { 14. Maiden name **Mildred Lomax**  
 { 15. Birthplace **New-Madrid Co. Mo.**  
 (City, town, or county) (State or foreign country)

16. (a) Informant **Doyl Foster**(b) Address **Painton Mo. B.F.D. #1**

17. (a) **Burial** (b) Date thereof **10/8/43**  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New-Madrid Mo.**18. (a) Signature of funeral director **H.W. Albritton**(b) Address **Sikeston Mo.**

19. (a) **10-27-43** (b) **Louis Largent**  
 (Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Scott**  
 (c) City or town **Painton Mo.**  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? **no.** (Yes or No)  
 If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **10/** day **7**  
 year **1943** hour **7** minute **30** M.

21. I hereby certify that I attended the deceased from **9-27**  
 \_\_\_\_\_, 1943, to **10-7**, 1943  
 that I last saw him alive on **10-7-43**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Respiratory Distress**  
**paralysis**  
 Due to \_\_\_\_\_  
 Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

**6 days**

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place)  
 (e) Means of injury \_\_\_\_\_

23. Signature **J. C. McClure** (M. D. or other)  
 Address **Sikeston Mo.** Date signed **10-22-43**

1318 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 1143-1399

Date Filed 11-3-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

*Embalmed*

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

*Hunter Albritton*

4210

Licensed Embalmer No.....

P. O. Address Sikeston, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.